

Introduction

Without a doubt the challenges for improving the health of the country over the next decade include a collage of issues: health care reform, behavioral health parity with physical health, the blending of health and social services for special populations in the private health sector, the requirements of the purchaser for managed care services for its diverse clients, and even welfare reform. This country is finally admitting that health and social issues often can not be separated if we are to expect appropriate outcomes from our health and social investments. And while we must work to appropriately coordinate these health and social services, we must never forget that the economics of the community or population is the strongest determining factor for its health and well-being.

Our challenge for improving the health of the nation is made greater by the fact that America and Tennessee are becoming more diverse. In the year 2000, people of color will represent over 25 percent of the nation's population. Policies that impact the mental and physical well-being of our people must respond to this diversity. Not only are the risk factors for certain diseases greater for minority populations, but utilization of health services for these problems is often lower in the populations with the greatest risks. Too often, the decreased utilization of health services is directly related to whether health care is accessible, affordable, or even available, but there are examples of health services being accessible and affordable but still not utilized. The burden is upon us to determine the barriers for appropriate utilization of health care services by various populations whether they be cultural, religious, or social, and then define the strategies for overcoming these barriers.

In order to know where we are and how to plan for the future health of our residents, it is important that we assess the health indicators of our state, our counties, our communities within counties, and the minority population within our communities. This information plus data from health related studies should help us understand the different risks of minority populations as well as assist in the design of successful outreach, counseling and treatment methodologies.

This edition of *Narrowing the Gap* represents the Tennessee Department of Health's update of the following documents: 1986 U.S. Department of Health and Human Services' *Secretary's Report on Minority Health*; 1988 state report *The Status of Black and Minority Health in Tennessee*; and the 1990 follow-up *Narrowing the Gap: Minority Health in Tennessee*. The latter Tennessee publication attempted to broaden the focus to include quality-of-life data. This current edition is a joint effort of several state agencies and continues to expand the focus to include more information on minorities' demographics, health, and social issues.

Historically, Tennessee did not collect data by specific minority groups. Instead "white", "nonwhite", and "other" were used as categories. The system was upgraded to identify "white" and "black", and specifications are being added to identify the "Hispanic", "Asian", and "American Indian" groups.

Narrowing the Gap: Minority Health in Tennessee, 1997 Edition, represents Tennessee's acknowledgement of the diversity of our state and our awareness of the challenge in designing appropriate health care services presented by this changing face of Tennessee.